



## **DIVISION OF MEDICAL SERVICES PROVIDER BULLETIN**

Volume 28 Number 7

<http://www.dss.mo.gov/dms>

September 14, 2005

### **PHYSICIAN BULLETIN Case Management for Pregnant Women**

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#### **CONTENTS**

- **CASE MANAGEMENT FOR PREGNANT WOMEN**

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#### **CASE MANAGEMENT FOR PREGNANT WOMEN**

Case management services are available for Medicaid eligible pregnant women who are “at risk” of poor pregnancy outcomes. Case Management Services are intended to reduce infant mortality and low birth weight by encouraging adequate prenatal care and adherence to the recommendations of the prenatal caregiver.

Completion of the “Risk Appraisal for Pregnant Women” by an appropriate Medicaid provider is mandatory in order to establish the “at risk” status of the patient. Completion of the “Risk Appraisal for Pregnant Women” is also mandatory in order to be reimbursed for the global prenatal or global delivery procedure code. A Risk Appraisal may be completed by a registered nurse, a social worker, a certified nurse practitioner, a physician, or a team of these professionals. A copy of the Risk Appraisal must remain in the patient’s medical record. Refer to Section 13.66.B of the Physician’s Manual for further information regarding Case Management for Pregnant Women.

Risk Appraisals for Pregnant Women must be sent directly to the enrolled Medicaid Case Management Provider of the patient’s choice. The Department of Health and Senior Services (DHSS) is no longer providing Case Management for Pregnant Women for Medicaid patients. Effective April 1, 2005 DHSS discontinued all activities related to Case Management for Pregnant Women.

The Risk Appraisal form is included in this bulletin. It has been revised with updated information and instructions. Providers should copy this form and complete as instructed.

Included in this bulletin is a list of current Medicaid case management for pregnant women providers:

Adair County Health Dept.  
1001 South Jamison  
Kirksville, MO 63501

Audrain Co Health Dept  
605 E Promenade P.O. Box 957  
Mexico, MO 65265

Barry County Health Dept.  
65 Main, P.O. Box 207  
Cassville, MO 65625

Barton County Health Dept  
1301 East 12th Street  
Lamar, MO 64759

Benton County Health Department  
1234 Commercial St, Box 935  
Warsaw, MO 65355

Bollinger County Health Center  
107 Hwy 51 N, P.O. Box 409  
Marble Hill, MO 63764

Butler County Health Department  
1619 North Main  
Poplar Bluff, MO 63901

Cabot Westside Clinic  
1810 Summit Street  
Kansas City, MO 64108

Callaway County Health Department  
4950 County Road 304  
Fulton, MO 65251

Cape Girardeau County Public Health Center  
P.O. Box 1839  
Cape Girardeau, MO 63702

Carter County Health Department  
1611 Health Center Road, P.O. Box 70  
Van Buren, MO 63965

Cedar County Health Department  
1401 South Park  
El Dorado Springs, MO 64744

Christian County Health Department  
301 East Brick, P.O. Box 340  
Ozark, MO 65721

Clinton County Health Department  
106 Bush Street Highway 116 West  
Plattsburg, MO 64477

Columbia-Boone County Health Department  
600 East Broadway, P.O. Box 6015  
Columbia, MO 65205

Community Health-In-Partnership Services  
2431 North Grand Avenue  
St Louis, MO 63106

Crawford County Nursing Service  
202 West Main Street, P.O. Box 367  
Steelville, MO 65565

Dallas County Health Department  
1011 West Main, P.O. Box 94  
Buffalo, MO 65622

Daviess County Health Dept  
609 A South Main Street  
Gallatin, MO 64640

Dent County Health Department  
501 South Macarthur  
Salem, MO 65560

Douglas County Health Dept  
603 Northwest 12th Ave, P.O. Box 940  
Ava, MO 65608

Dunklin County Health Department  
410 Teaco Road  
Kennett, MO 63857

Family Health Center  
1500 Vandiver, Suite 110  
Columbia, MO 65202

Family Care Health Centers (Forest Park)  
4352 Manchester  
St Louis, MO 63110

Family Care Health Centers (Carondelet)  
6313 Michigan Avenue  
St Louis, MO 63111

Franklin County Health Services  
15 South Oak  
Union, MO 63084

Gasconade County Health Department  
300 Schiller Street  
Hermann, MO 65041

Grace Hill Neighborhood Health Center  
2600 Hadley Street  
St Louis, MO 63106

Grundy County Health Department  
1716 Lincoln Street  
Trenton, MO 64683

Harrison County Health Department  
1700 Bethany, P.O. Box 425  
Bethany, MO 64424

Hickory County Health Department  
201 Cedar Street  
Hermitage, MO 65668

Iron County Health Department  
606 West Russell  
Ironton, MO 63650

Jasper County Health Department  
105 Lincoln  
Carthage, MO 64836

Jefferson County Health Department  
405 Second Street, P.O. Box 437  
Hillsboro, MO 63050

Johnson County Community Health Services  
429 Burkarth Road  
Warrensburg, MO 64093

Kansas City Health Department  
2400 Troost, Suite 4000  
Kansas City, MO 64108

Knox County Health Department  
217 North First Street, Route 3  
Edina, MO 63537

Lawrence County Health Department  
105 West North Street  
Mount Vernon, MO 65712

Lewis County Health Department  
P.O. Box 96  
Monticello, MO 63457

Linn County Health Department  
635 South Main, P.O. Box 280  
Brookfield, MO 64628

Macon County Health Department  
503 North Missouri Street  
Macon, MO 63552

Madison County Health Department  
806 West College Avenue  
Fredericktown, MO 63645

Marion Co Health Department  
3105 Route W, P.O. Box 1378  
Hannibal, MO 63401

McDonald County Health Department  
3rd & Harmon, P.O. Box 366  
Pineville, MO 64856

Mercer County Health Department  
305 West Main  
Princeton, MO 64673

Mississippi County Health Department  
1200 East Marshall  
Charleston, MO 63834

Monroe County Health Department  
310 North Market Street  
Paris, MO 65275

Montgomery County Health Department  
400 North Salisbury  
Montgomery City, MO 63361

Morgan County Health Department  
104 West Lafayette  
Versailles, MO 65084

Myrtle Hilliard Davis Comp Health Center Inc  
5471 Dr Martin L King Dr  
St Louis, MO 63112

New Madrid County Health Department  
406 Highway 61  
New Madrid, MO 63869

Newton County Health Department  
812 W Harmony, P.O. Box 447  
Neosho, MO 64850

Nurses For Newborns, Ltd  
9505 Gravois Road  
St Louis, MO 63123

Oregon County Health Department  
P.O. Box 189  
Alton, MO 65606

Ozark County Health Center  
304 West Third St, P.O. Box 180  
Gainesville, MO 65655

Pemiscot County Health Center  
810 East Reed, P.O. Box 531  
Hayti, MO 63851

Peoples Health Centers  
5701 Delmar Boulevard  
St Louis, MO 63112

Pettis County Community Health Center  
911 East 16th Street  
Sedalia, MO 65301

Pike County Health Department  
5 East Church Street  
Bowling Green, MO 63334

Pulaski County Health Department  
101 12<sup>th</sup> Street  
Crocker, MO 65452

Putnam County Health Department  
1613 Grant, P.O. Box 354  
Unionville, MO 63565

Ralls County Health Department  
405 West First Street, Box 434  
New London, MO 63459

Reynolds County Health Department  
Buford & Green  
P.O. Box 40  
Centerville, MO 63633

Ripley County Health Center  
1003 East Locust Street  
Doniphan, MO 63935

Saline County Health Office  
353 South Lafayette Avenue  
Marshall, MO 65340

Samuel U. Rodgers Health Center  
825 Euclid Avenue  
Kansas City, MO 64124

Schuyler County Health Department  
P.O. Box 387  
Lancaster, MO 63548

Scotland County Health Department  
Route 1, Box 55-A  
Memphis, MO 63555

Scott County Health Department  
P.O. Box 70  
Benton, MO 63736

Shannon County Health Center  
P.O. Box 788  
Eminence, MO 65466

Shelby County Health Department  
104 East Main, P.O. Box 240  
Shelbyville, MO 63469

Springfield-Greene County Public Health Center  
227 E. Chestnut Expressway  
Springfield, MO 65802

St Charles Co Dept Of Community Health & Environment  
1650 Boonslick Road  
St Charles, MO 63301

St Francois County Health Center  
1025 West Main St, P.O. Box Q  
Park Hills, MO 63601

St Joseph-Buchanan County Health Department  
904 South 10th Street  
St Joseph, MO 64503

St Louis County Department Of Health  
111 South Meramec  
Clayton, MO 63105

Ste. Genevieve County Health Department  
115 Basler Drive, P.O. Box 49  
Ste. Genevieve, MO 63670



Stoddard County Health Center  
1001 North Highway, P.O. Box 277  
Bloomfield, MO 63825

Sullivan County Health Department  
#1 Hawthorne Drive, P.O.Box 129  
Milan, MO 63556

Swope Parkway Health Center  
AFDC Clerk  
3801 Blue Parkway  
Kansas City, MO 64130

Taney County Health Department  
15479 Us Hwy 160, P.O. Box 369  
Forsyth, MO 65653

Texas County Health Department  
402 South First Street  
Houston, MO 65483

Tri County Health Department  
302 North Park  
Stanberry, MO 64489

University Physicians  
P.O. Box 7687  
Columbia, MO 65205

Vernon County Health Department  
301 N Washington, Box 486  
Nevada, MO 64772

Washington County Health Department  
520 Purcell Drive  
Potosi, MO 63664

Webster County Health Unit  
233 East Washington  
Marshfield, MO 65706

Wright County Health Department  
300 South Main, P.O. Box 97  
Hartville, MO 65667

**Provider Bulletins** are available on the DMS Website at <http://www.dss.mo.gov/dms/pages/bulletins.htm>. Bulletins will remain on the Published Bulletin site only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin site.

**Missouri Medicaid News:** Providers and other interested parties are urged to go to the DMS Website at <http://dss.missouri.gov/dms/subscribe/MedNewsSubscribe.htm> to subscribe to the list serve to receive automatic notifications of provider bulletins, provider manual updates, and other official Missouri Medicaid communications via e-mail.

**MC+ Managed Care:** The information contained in this bulletin applies to coverage for:

- MC+ Fee-for-Service
- Medicaid Fee-for-Service
- Services not included in MC+ Managed Care

Questions regarding MC+ Managed Care benefits should be directed to the patient's MC+ Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MC+ card or by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One.

**Provider Communications Hotline**  
**573-751-2896**



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
DIVISION OF MEDICAL SERVICES  
**RISK APPRAISAL FOR PREGNANT WOMEN**  
**INSTRUCTIONS ON REVERSE SIDE**

MC+ AGENCY NAME		
CLIENT SOCIAL SECURITY NO.		
DCN OR TEMP. NO	BIRTHDATE	DATE OF RISK APPRAISAL
CLIENT'S NAME (LAST, FIRST, MI, MAIDEN)		PROVIDER NAME (ATTACH MEDICAID PROVIDER LABEL)
ADDRESS (STREET)		ADDRESS (STREET)
CITY	STATE	ZIP CODE
CITY	STATE	ZIP CODE
TELEPHONE NUMBER ( )	COUNTY OF RESIDENCE	MARITAL STATUS CODE <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> D <input type="checkbox"/> SEP
RACE/ETHNICITY <input type="checkbox"/> 1. WHITE <input type="checkbox"/> 2. BLACK <input type="checkbox"/> 3. AM.IND/ALASKAN <input type="checkbox"/> 4. ASIAN <input type="checkbox"/> 5. PACIFIC ISLANDER <input type="checkbox"/> 6. OTHER	HISPANIC ORIGIN <input type="checkbox"/> YES <input type="checkbox"/> NO	LMP (MM/DD/YY)
GRAVIDA		PARA
ABORTA		
<b>PUT AN "X" IN ALL THE BOXES BELOW THAT APPLY. AN "X" IN ANY ONE OF THE FIRST 34 RISK FACTOR BOXES QUALIFIES CLIENT FOR CASE MANAGEMENT SERVICES.</b>		
<div><input type="checkbox"/> 1. Mother's age 17 years or less at time of conception</div> <div><input type="checkbox"/> 2. Mother's education less than 8 years</div> <div><input type="checkbox"/> 3. Gravida greater than or equal to 7</div> <div><input type="checkbox"/> 4. Currently smoking</div> <div><input type="checkbox"/> 5. Mother's age 35 years or greater at time of conception</div> <div><input type="checkbox"/> 6. Prepregnancy weight less than 100 lbs</div> <div><input type="checkbox"/> 7. Previous fetal death (20 weeks gestation or later)</div> <div><input type="checkbox"/> 8. Previous infant death</div> <div><input type="checkbox"/> 9. History of incompetent cervix in current or past pregnancy</div> <div><input type="checkbox"/> 10. History of diabetes mellitus including gestational diabetes in current or past pregnancy</div> <div><input type="checkbox"/> 11. Multiple fetuses in current pregnancy</div> <div><input type="checkbox"/> 12. Pre-existing hypertension (a history of hypertension — 140/90 mm Hg or greater — antedating pregnancy or discovery of hypertension — 140/90 or greater — before the 20th week of pregnancy)</div> <div><input type="checkbox"/> 13. Pregnancy-induced hypertension in current pregnancy (blood pressure is 140/90 or greater, or there has been an increase of 30 mm Hg systolic or 15 mm Hg diastolic over baseline values on at least two occasions six or more hours apart)</div> <div><input type="checkbox"/> 14. Prior low birth weight baby (&lt;2500 grams or 5 lbs. 8 oz.)</div> <div><input type="checkbox"/> 15. Prior preterm labor (&lt;37 completed weeks gestation)</div> <div><input type="checkbox"/> 16. Preterm labor: current pregnancy</div> <div><input type="checkbox"/> 17. Seropositive for HIV antibodies</div> <div><input type="checkbox"/> 18. Interconceptional spacing &lt;1 year</div> <div><input type="checkbox"/> 19. Living alone or single parent living alone</div> <div><input type="checkbox"/> 20. Considered relinquishment of infant</div> <div><input type="checkbox"/> 21. Unfavorable environmental conditions</div> <div><input type="checkbox"/> 22. Late entry into care (after 4th month or 18 weeks gestation)</div> <div><input type="checkbox"/> 23. Homelessness</div> <div><input type="checkbox"/> 24. Alcohol abuse by client</div> <div><input type="checkbox"/> 25. Alcohol abuse by partner</div> <div><input type="checkbox"/> 26. Drug dependence or misuse by client</div> <div><input type="checkbox"/> 27. Drug dependence or misuse by partner</div> <div><input type="checkbox"/> 28. Physical or emotional abuse/neglect of client</div> <div><input type="checkbox"/> 29. Physical abuse of children in the home</div> <div><input type="checkbox"/> 30. Neglect of children in the home</div> <div><input type="checkbox"/> 31. Partner with history of violence</div> <div><input type="checkbox"/> 32. Chronic or recent mental illness and/or psychiatric treatment</div> <div><input type="checkbox"/> 33. Elevated blood lead level 15-19ug/dl or greater</div> <div><input type="checkbox"/> 34. Other, identify: _____</div> <div><input type="checkbox"/> 99. None of the above</div>		
FOLLOWING DOES NOT QUALIFY FOR CASE MANAGEMENT SERVICES. DATA COLLECTION IS NECESSARY FOR PROGRAM PLANNING. (CHECK ONE)		
<div><input type="checkbox"/> 1. Intended pregnancy</div> <div><input type="checkbox"/> 2. Unintended pregnancy using birth control</div> <div><input type="checkbox"/> 3. Unintended pregnancy not using birth control</div> <div><input type="checkbox"/> 4. Unintended pregnancy - birth control unknown</div>		
SPECIFY GESTATIONAL AGE AT TIME OF RISK APPRAISAL:	APPROXIMATE DUE DATE MM DD YY	PHYSICIAN'S PERFORMING PROVIDER NUMBER
PROVIDER SIGNATURE	DATE	
PREFERRED CASE MANAGEMENT PROVIDER AGENCY		

# Risk Appraisal Form for Pregnant Women

## Purpose:

To document the appraisal "at risk conditions for determining client's eligibility for Medicaid Case Management Services.

## Distribution:

Preferred Case Management Provider

## Instructions:

**MC+ Agency Name** — Enter name of client's enrolled MC+ agency.

### (Shaded area)

**Medicaid Provider Box** — Attach Medicaid Provider Label to each copy or:

**Provider Name** — Print or type provider name of the Agency completing the Risk Appraisal

**Address** — Provider Agency address, (Street or Box number, City, State and Zip code)

**Medicaid Provider Number** — 9 digit Missouri Medicaid Number assigned by the Medicaid State Agency for billing identification purposes.

**SSN** — Enter the 9 digit number assigned by Federal Government.

**DCN** — Enter the 8 digit number assigned to eligible Medicaid recipients.

**Birth Date** — Enter the client's birth date as it is shown on the Medicaid card. (Use MM/DD/YY format.)

**Date** — Enter date the Risk Appraisal was conducted. (Use MM/DD/YY format.)

**Client's Name** — Enter last name, first name, middle initial, and maiden name of client.

**Address** — Enter street number and name or rural route and box number.

**City, State, Zip Code** — Enter as usual.

**Telephone** — Enter telephone number of client (include area code).

**County** — Enter county of residence.

**Marital Status Code** — Check the appropriate box.

**Race Code** — Check the appropriate race box even if client is Hispanic (Hispanic is not a race).

**Hispanic Origin** — Check the appropriate box.

**LMP** — Enter date of last normal menstrual period. (Use MM/DD/YY format.)

**Gravida** — Enter the number of times client has been pregnant including this pregnancy.

**Para** — Enter the number of previous deliveries 20 weeks gestation or beyond (includes stillborns).

**Aborta** — Enter the number of spontaneous and/or induced abortions experienced by client.

**Risk Factors** — Enter an "X" in all of the boxes that apply to client. An "X" in any one of the first 34 boxes qualifies client for case management services.

**Intended/Unintended Pregnancy** — Check the appropriate box.

**Specify Gestational Age** — Enter the number of weeks pregnant at the time of the Risk Appraisal.

**Approximate Due Date** — Enter the approximate due date. (Use MM/DD/YY format.)

**Physician's Performing Provider Number** — Enter the Medicaid performing provider number of the physician or nurse practitioner affiliated with the clinic/agency.

**Provider signatures** — Sign and date. May be signed by an RN or physician.

**Preferred Case Management Provider** — Enter the name of the case management provider agency chosen by client.